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Traditional or customary practices affecting the health of women and girls

Report of the Secretary-General

Summary

Pursuant to General Assembly resolution 56/128 of 19 December 2001, the present report provides information on the measures taken by Member States and within the United Nations system to implement that resolution, as well as efforts reported by civil society organizations. The report identifies areas in which further efforts are needed.

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I. Introduction

1. In its resolution 56/128 of 19 December 2001, on traditional or customary practices affecting the health of women and girls, the General Assembly requested the Secretary-General to report to it at its fifty-eighth session on the implementation of the resolution, including examples of national best practices and international cooperation. The present report[1] is submitted in accordance with that request. It is based, inter alia, on information received in response to a request of the Secretary-General from Member States and United Nations entities.

II. Measures taken at the national and regional levels

2. As at 20 May 2003, 28 Member States had responded to the Secretary-General's request for information.[2] Several Member States, including Malaysia, Morocco, San Marino and Saudi Arabia, reported that no harmful traditional or customary practices existed in their respective countries.

A. Legal measures

3. Some Member States reported on legal measures directed specifically at female genital mutilation. Cyprus reported on a bill, submitted to its House of Representatives, to prohibit genital mutilation, which would carry penalties of up to eight years' imprisonment. Denmark described a proposed bill, which would introduce a specific provision against female genital mutilation in the Criminal Code, and establish Danish jurisdiction in criminal cases involving female genital mutilation committed by a Danish citizen or resident in countries where the practice may not be considered a criminal offence. Italy reported on several proposed bills, including Chamber of Deputies Act 150 on measures concerning the prohibition of sexual mutilation practices, and Senate Act 566 on amendments to the Penal Code, and measures concerning the prohibition of sexual mutilation practices. Spain reported on a draft law, referred to the legislature for consideration, which would introduce explicit mention of female genital mutilation in the Penal Code, with possible penalties of six to twelve years' imprisonment.

4. Some Member States, including Austria, Denmark, Egypt, Germany, Ghana, Italy, the Netherlands, New Zealand, Senegal, Spain and Yemen, described existing legal provisions against female genital mutilation and other harmful traditional practices. Egypt described several Ministerial Decrees prohibiting the practice. Ghana reported on several laws, including the Law against Female Circumcision, the Law against Harmful Widowhood Practices and the Law against Ritual Servitude. Italy reported that several articles of its Penal Code provided for indictments and sentences to be brought against perpetrators of genital mutilation, treating the practice as a type of aggravated personal injury. Lebanon reported that strict enforcement of its existing laws had resulted in the elimination of traditional or customary practices in the country. New Zealand described a recent amendment to its Crimes Act, which criminalized female genital mutilation. Senegal reported that excision was a criminal offence under its Penal Code, punishable by a term of imprisonment ranging from six months to five years. Senegal also reported that the practices of levirat[3] and sororat[4] were prohibited by its Family Code. Spain reported

that its Congress of Deputies had approved a bill on measures for the elimination of female genital mutilation in 2001, which provided for the inclusion in all official forms for permits and foreign registration cards of a leaflet informing applicants that genital mutilation was considered a crime in the country. Yemen reported on a Ministerial Decision prohibiting health service workers from performing female genital mutilation. Austria and Germany reported on criminal provisions that eliminated any possible legal defence of consent, including the consent of the victim, in regard to female genital mutilation. Austria and the Netherlands reported on legal provisions and medical board disciplinary measures against medical practitioners who take part in female genital mutilation. Germany and New Zealand described criminal provisions targeting those who remove children to a foreign country for the purpose of circumcision.

5. Some Member States, including Colombia, Egypt, El Salvador, Ghana, Kyrgyzstan, New Zealand, the Philippines, the Syrian Arab Republic and Thailand, reported on proposed legislative measures and existing laws on women's health and/or violence against women and children in general.

B. Policy, awareness-raising and education measures

6. Denmark reported on the publication of a report on female genital mutilation in 2002 by a working party comprising representatives from various ministries, including the Ministries of Justice and Education. The working party made recommendations for an upcoming national initiative against female genital mutilation, including information campaigns aimed at health, education and childcare professionals, as well as at groups in which female genital mutilation is practised. Egypt described a ruling by the National Syndicate of Egyptian Doctors prohibiting doctors from performing the procedure. Egypt also described the launch, in 2003, of a project to eliminate female genital mutilation by the National Council for Childhood and Motherhood, in collaboration with various Government bodies and non-governmental organizations. Among other objectives, the project aims to support advocacy, empower girls at risk and address the sociocultural roots of female genital mutilation. Entitled "The FGM Free Village Model", the project's activities include implementing a marketing and advertising campaign based on defined behavioural targets and impact indicators; implementing community service initiatives with incentives for family participation in project activities; and developing an anti-female genital mutilation tool kit that can be customized to meet the needs of different communities. Egypt reported that an infomercial against female genital mutilation had been aired on national and regional television.

7. Germany reported on awareness-raising initiatives against female genital mutilation and highlighted its cooperation with non-governmental organizations, for example, by sponsoring a brochure aimed at immigrant populations. Ghana provided information on the adoption of policies and programmes addressing negative cultural practices, including educational sensitization programmes on female genital mutilation and on the establishment of a national committee on harmful traditional practices which aimed, among other objectives, to document and disseminate best practices in the prevention and elimination of such practices. Italy reported on the publication, in 2001, of a handbook on female genital mutilation for health care, social and educational workers. The Netherlands reported on its integrated approach to female genital mutilation, with emphasis on prevention and education, and

prosecution as a final resort. The Netherlands also described awareness-raising, research and training initiatives on the practice. New Zealand described initiatives addressing female genital mutilation, including the implementation of an education project in the Auckland region, the updating and implementation of guidelines on health care and child protection, and the education of communities affected by the practice. Norway reported on its Plan of Action against female genital mutilation, adopted in 2001. Among other objectives, the Plan aimed to prevent girls in Norway from being exposed to the practice, establish cooperation with non-governmental organizations and individuals on the issue, and contribute to eliminating the practice internationally. Norway also reported on the presentation, in 2002, of a strategy document to combat female genital mutilation. Portugal noted that a proposed national plan against domestic violence would also address female genital mutilation in immigrant communities, establish guidelines for in-depth studies on the specific problems of immigrant women and encourage awareness-raising activities on harmful traditional practices aimed at immigrant communities. Qatar reported that most of the customary practices affecting the health of women and girls no longer existed, owing to increased education and health awareness. Senegal described its Plan of Action for the elimination of female genital mutilation for the period 2000-2005, as well as awareness-raising, sensitization, and training initiatives against other harmful traditional practices, such as early marriage, levirat and sororat. Spain described training and awareness-raising initiatives concerning female genital mutilation, including the implementation of information campaigns on the harmful effects of the practice targeted at immigrant populations, and the publication of a pamphlet on female genital mutilation. The Syrian Arab Republic reported on programmes and activities on reproductive health, which raised awareness of the harmful effects of traditional practices. Yemen reported that its Ministry of Social Security and Social Affairs had incorporated efforts to raise awareness and mobilize public opinion on the harmful effects of traditional practices into its programmes and projects.

8. Member States, including Belarus, Colombia, Egypt, El Salvador, Ghana, Kyrgyzstan, Mexico, Myanmar, New Zealand, Oman, the Philippines, Senegal, Spain and Thailand, described policy and programmatic measures addressing violence against women and children and/or women's health in general.

C. International cooperation

9. Member States, including Denmark, Egypt, Germany, the Netherlands and Norway, highlighted their cooperation with other Member States and non-governmental organizations to combat harmful traditional practices. Denmark reported that it provided financial support to the National Council for Childhood and Motherhood in Egypt for the aforementioned "FGM Free Village Model" project; the National Committee for the Eradication of Female Genital Mutilation in Burkina Faso for its information campaigns and local committees; and to the Inter-African Committee on Traditional Practices in Benin for information campaigns, local committees and the education of ex-circumcisers. Denmark also supported a programme for the rehabilitation of women who had been branded as witches in Northern Ghana. Germany reported on its endorsement of the joint statement on female genital mutilation by the World Health Organization, the United Nations Children's Fund and the United Nations Population Fund. It also reported that it was

assisting those three organizations through financial support, active advocacy of the goals of the joint statement in international organizations and bilateral policy dialogue. Germany supported several organizations and initiatives to combat female genital mutilation. Particular mention was made of a regional project covering Burkina Faso, Chad, Ethiopia, Guinea, Kenya, Mali and Senegal, which involved the use of information campaigns targeted towards girls and women, as well as towards those who perform circumcision. The Netherlands reported that it had introduced the resolution on traditional or customary practices affecting the health of women and girls at the fifty-sixth session of the General Assembly in 2001. It supported several projects in developing countries to combat harmful traditional practices through advocacy, lobbying and media campaigns. Norway indicated that it would continue to focus on female genital mutilation in multilateral contexts and that it planned to intensify bilateral cooperation with African Governments working against female genital mutilation.

D. Efforts reported by civil society[3]

10. It was reported that, in 2002, a young couple in Ethiopia had publicly opposed female genital mutilation in their nationally televised wedding ceremony, and that 285 villages in Senegal had decided to stop practising female genital mutilation. Information was provided on an alternative rite of passage in Kenya called "Circumcision by Words", and it was reported that in the United Republic of Tanzania, 126 Maasai community elders had declared their support for an alternative rite of passage. Information was also provided on a workshop held in Kenya in 2002 to share strategies against female genital mutilation, where participants discussed using a human rights framework to combat female genital mutilation, as well as factors that perpetuated the practice, such as culture, patriarchy and poverty. Several non-governmental organizations had organized a conference on female genital mutilation at the European Parliament in Brussels in 2002 and had launched an appeal and an international signature petition against the practice.

III. Measures taken within the United Nations system

A. General Assembly

11. At its fifty-sixth and fifty-seventh sessions, the General Assembly adopted several resolutions referring to harmful traditional practices, including resolution 57/181 of 18 December 2002, on the elimination of all forms of violence against women, including crimes identified in the outcome document of the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century". By resolution 57/179 of 18 December 2002, on working towards the elimination of crimes against women committed in the name of honour, the Assembly expressed concern at the continuing occurrence in all regions of the world of crimes committed against women in the name of honour. Among other recommendations, it called upon all States to investigate promptly and thoroughly, prosecute effectively and document cases of such crimes and punish the perpetrators; and to intensify efforts to raise awareness of the need to prevent and eliminate such crimes, with the aim of changing the attitudes and behaviour that allow for them to be committed. Further, it called upon

States to encourage, support and implement measures and programmes aimed at increasing the knowledge and understanding of the causes and consequences of such crimes, including the provision of training for those responsible for enforcing the law; and to establish, strengthen or facilitate, where possible, support services to respond to the needs of actual and potential victims.

12. By resolution 57/189 of 18 December 2002, on the girl child, the Assembly expressed concern that the girl child was often subjected, inter alia, to violence and harmful practices, such as female infanticide, early marriage and female genital mutilation, and urged States to enact and enforce legislation to protect girls from all forms of violence, including female infanticide and female genital mutilation, and to enact and strictly enforce laws ensuring that marriage was entered into only with the free and full consent of the intending spouses, as well as laws concerning the minimum legal age of consent and the minimum age for marriage. A similar resolution was adopted by the Assembly at its fifty-sixth session (resolution 56/139 of 19 December 2001).

13. In the outcome document of the twenty-seventh special session of the Assembly on children (resolution S-27/2, annex, of 10 May 2002), the Assembly set out its resolve to protect children from, inter alia, all forms of abuse, neglect, exploitation and violence and, as part of the strategies and actions to achieve these goals, to end harmful traditional or customary practices, such as early and forced marriage and female genital mutilation.

B. Commission on Human Rights

14. In its resolution 2003/45 of 23 April 2003, on the elimination of violence against women, the Commission on Human Rights affirmed that the term "violence against women" meant any act of gender-based violence that resulted in, or was likely to result in, physical, sexual or psychological harm or suffering to women, including, among others, crimes committed in the name of honour, and traditional practices harmful to women, including female genital mutilation, early and forced marriages, female infanticide and dowry-related violence and deaths. It strongly condemned physical, sexual and psychological violence occurring in the family, including, inter alia, dowry-related violence, female infanticide, female genital mutilation, crimes committed against women in the name of honour, crimes committed in the name of passion, traditional practices harmful to women and early and forced marriages. It emphasized that violence against women and girls, including, inter alia, female genital mutilation and early and forced marriage, could increase their vulnerability to HIV/AIDS. The Commission called upon States to condemn violence against women and girls and not to invoke custom, tradition or practices in the name of religion or culture to avoid their obligations to eliminate such violence. The Commission adopted a similar resolution in 2002 (resolution 2002/52 of 23 April 2002).

15. By its resolution 2003/53 of 24 April 2003, on extrajudicial, summary or arbitrary executions, the Commission called upon States to investigate promptly and thoroughly all cases of killings committed in the name of passion or in the name of honour, bring those responsible to justice before a competent, independent and impartial judiciary and ensure that such killings were neither condoned nor

sanctioned by Government officials or personnel. The Commission adopted a similar resolution in 2002 (resolution 2002/36 of 22 April 2002).

16. By its resolution 2003/86 of 25 April 2003, on the rights of the child, the Commission called upon all States to take all necessary measures to eliminate all forms of discrimination against girls and all forms of violence, including harmful traditional or customary practices, such as female genital mutilation, the root causes of son preference, marriages without free and full consent of the intending spouses and early marriages, by enacting and enforcing legislation and, where appropriate, formulating comprehensive, multidisciplinary and coordinated national plans, programmes or strategies protecting girls. The Commission adopted a similar resolution in 2002 (resolution 2002/92 of 26 April 2002).

C. Subcommission on the Promotion and Protection of Human Rights

17. In its resolution 2002/26 of 14 August 2002 on traditional practices affecting the health of women and girls, the Subcommission on the Promotion and Protection of Human Rights appealed to all States concerned to intensify efforts to develop awareness of, and mobilize national public opinion concerning the harmful effects of all forms of harmful traditional practices, in particular through education, information and training, in order to achieve the total eradication of those practices. It appealed to the international community to provide material, technical and financial support to the non-governmental organizations and groups working with dedication to achieve the total elimination of those cultural practices, which were harmful to girl children and women. It also requested that all non-governmental organizations dealing with women's issues continue to devote part of their activities to the study of harmful traditional practices and ways and means of eradicating them. Further, the Subcommission reiterated its proposal that three seminars be held, in Africa, Asia and Europe, to review the progress achieved since 1985, and ways and means of overcoming obstacles encountered in the implementation of the Plan of Action for the Elimination of Harmful Traditional Practices affecting the Health of Women and Children (E/CN.4/Sub.2/1994/10/Add.1). It appealed for funding for those activities and requested the United Nations High Commissioner for Human Rights to assist the mandate by raising funds for the organization of the seminars.

1. Special Rapporteur of the Subcommission on the Promotion and Protection of Human Rights on traditional practices affecting the health of women and the girl child

18. In her sixth report on the situation regarding the elimination of traditional practices affecting the health of women and the girl child (E/CN.4/Sub.2/2002/32), submitted to the Subcommission at its fifty-fourth session in 2002, the Special Rapporteur noted the increasing involvement of European countries against female genital mutilation. She described measures taken by Denmark, Norway and Sweden against female genital mutilation and reported on meetings and consultations held in Brussels, Madrid and Vienna on the practice. She welcomed the growing awareness of the so-called receiving countries, but emphasized the need for any policy on female genital mutilation to be conducted with respect for the traditions and culture of the populations concerned.

19. The Special Rapporteur indicated that national activities included alternative employment opportunities for women who perform excisions, training and information programmes and publication of research work and studies. She reported on national initiatives against female genital mutilation in various African countries, including Benin, Burkina Faso, Cameroon, Chad, Ethiopia, the Gambia, Ghana, Guinea, Kenya, Liberia, Mali, Mauritania, Niger, Nigeria, the Sudan, Togo, Uganda and the United Republic of Tanzania. She also reported on meetings held in Benin, Mali, Niger and Uganda, bringing together traditional chiefs and religious leaders to discuss their roles in combating the practice, and noted the work of some non-governmental organizations to actively involve African Governments, strengthen local activities and widen regional cooperation. The Special Rapporteur reported on several regional and international initiatives, including a resolution on female genital mutilation adopted by the European Parliament in 2001, a discussion panel organized by the Inter-Parliamentary Union at the 106th Inter-Parliamentary Conference, held in Ouagadougou in 2001, and a consultation organized by herself and the Inter-African Committee on Traditional Practices on the exportation of certain harmful traditional practices, particularly female genital mutilation, into so-called receiving countries, held in Geneva in 2002.

20. The Special Rapporteur agreed with the Special Rapporteur on violence against women, its causes and consequences[6] on the importance of involving women as full participants in the struggle against harmful traditional practices. Organizations, such as the Inter-African Committee on Traditional Practices, had long realized the value of women's participation. Agreeing with the report of the Special Rapporteur on freedom of religion or belief[7] that cultural practices harmful to women were at variance with religion, she indicated that emphasis should be given to the valuable contribution made by religious leaders in Africa to the struggle against female genital mutilation and other harmful practices. The Special Rapporteur further emphasized that only compulsory education of girls up to the age of 17 would make it possible to terminate the practice of early marriage and recommended that Governments promulgate laws to that effect with incentive provisions for parents, particularly in rural areas and with mechanisms for the application of sanctions.

21. The Special Rapporteur stressed that female genital mutilation, crimes of honour, forced marriages and other practices would not be eradicated until women were considered as full and equal members of their communities. She emphasized that the various policies and actions aimed at terminating harmful practices had to be directed towards strengthening women's status in society from the earliest age.

2. Special Rapporteur of the Commission on Human Rights on violence against women, its causes and consequences

22. In her report to the Commission on Human Rights at its fifty-ninth session (E/CN.4/2003/75), the Special Rapporteur on violence against women, its causes and consequences, emphasized that the regulation of female sexuality continued to be one of the underlying causes of many practices constituting violence against women. She noted that the doctrine of cultural relativism presented the greatest challenge to the elimination of harmful practices and that, what she termed "the arrogant gaze of the outsider" often made difficult the fight to eradicate cultural practices that were violent towards women. She emphasized the importance of

consulting and working with women in the countries concerned to ensure that the most effective strategy was adopted.

23. In an addendum to her report (E/CN.4/2003/75/Add.1), the Special Rapporteur documented the persistence of harmful traditional or customary practices in various countries. She reported that some African countries had enacted legislation to criminalize female genital mutilation, although there was less action on other traditional practices, including widowhood rituals, payment of bride price and widow inheritance. She indicated that traditional practices, such as early and forced marriage, crimes committed in the name of honour and female genital mutilation undermined women's rights in the Arab region. She also indicated that, in some Arab countries, advocacy campaigns had been successfully organized to address gender-based violence, including its more sensitive forms of female genital mutilation, and honour killings. She reported that some European countries had enacted specific legislation against female genital mutilation, but that few had collected statistics on the practice.

24. In her report to the fifty-eighth session of the Commission on Human Rights (E/CN.4/2002/83), the Special Rapporteur reported on cultural practices in the family that were violent towards women, including female genital mutilation, honour killings, witch hunting and forced and early marriage. She emphasized that such practices were based on a society's belief that the freedom of a woman, especially with regard to her sexual identity, should be curtailed and regulated. Among other measures, she recommended that States develop penal, civil and administrative sanctions in domestic legislation to punish violence in the family and to provide redress to women victims, even if the violence was associated with a cultural practice; that States develop national plans of action to eradicate violence in the family, particularly violence relating to cultural practices, through health and education programmes at the grass-roots level; and that States adopt all appropriate educational measures to modify the social and cultural patterns of conduct that foster such practices.

3. Special Rapporteur of the Commission on Human Rights on freedom of religion or belief

25. In an addendum to his report to the Commission on Human Rights at its fifty-eighth session (E/CN.4/2002/73/Add.2), the Special Rapporteur on freedom of religion or belief considered the status of women in the context of religion and traditions and reviewed several harmful traditional practices, including female genital mutilation, food taboos and other practices related to women's health; early and forced marriage, levirat, polygamy and other practices related to women's status within the family; honour killings, widow cruelty and other practices related to violations of the right to life; deuki,[8] trokosi[9] and other practices related to violations of dignity. The Special Rapporteur recommended preventive measures, such as education and training, legal reform, international cooperation and information collection on traditional or cultural practices. He also recommended protective measures, including application of the law, and reinforcement of relevant international instruments, organizations and existing mechanisms to combat such practices.

4. Special Rapporteur of the Commission on Human Rights on extrajudicial, summary or arbitrary executions

26. In her report to the Commission on Human Rights at its fifty-ninth session (E/CN.4/2003/3), the Special Rapporteur on extrajudicial, summary or arbitrary executions reported that she continued to receive reports of women being murdered in the name of honour, but limited herself to act where the State either approved of or supported those acts, or permitted institutionalized impunity to the perpetrators, or impunity by giving tacit support to the practice. She stressed that Governments had to end systematic and institutional impunity for those who killed women in the name of honour and so-called morality.

27. In her report to the Commission on Human Rights at its fifty-eighth session (E/CN.4/2002/74), the Special Rapporteur indicated that the main reason for the perpetuation of the practice of "honour killings" was the lack of political will by Governments to bring the perpetrators to justice. She urged Governments to make legislative changes to ensure that such killings received no discriminatory treatment under the law and to sensitize their judiciary to gender issues. She also urged that those threatening the life of a female victim be brought to justice, and that correctional and custody homes run by Governments be prohibited from forcibly detaining women whose lives were at risk. The Special Rapporteur also addressed the issue of honour killings in her report on her mission to Turkey (E/CN.4/2002/74/Add.1).

5. Special Rapporteur of the Commission on Human Rights on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health

28. In his report to the Commission on Human Rights at its fifty-ninth session (E/CN.4/2003/58), the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health listed harmful traditional practices as one of the factors that compounded the vulnerability of women to ill health. The Special Rapporteur stressed that States had an obligation to ensure equal access of men and women to the enjoyment of all rights, including by ensuring equality and non-discrimination in areas such as political rights, marriage and family, employment and health.

D. Human rights treaty bodies

29. The human rights treaty bodies continued to address harmful traditional or customary practices in their work. In its General Comment No. 28 concerning article 3 of the International Covenant on Civil and Political Rights, on the equality of rights between men and women, adopted at its sixty-eighth session in 2000,[16] the Human Rights Committee stated that States parties should ensure that traditional, historical, religious or cultural attitudes were not used to justify violations of women's right to equality before the law and to equal enjoyment of all their rights under the Covenant. The Committee requested States parties to furnish appropriate information on those aspects of tradition, history, cultural practices and religious attitudes which jeopardized, or might jeopardize, compliance with article 3, and to indicate measures they had taken or intended to take to overcome such factors. The Committee requested States parties to report on measures taken to protect women

from practices that violated their right to life, such as female infanticide, the burning of widows and dowry killings. The Committee also requested that, in States parties where the practice of female genital mutilation existed, information be provided on its extent and on measures taken to eliminate it. The Committee emphasized that the minimum age of marriage should be set on the basis of equal criteria for men and women that ensured women's capacity to make an informed and uncoerced decision. It also emphasized that polygamy violated the dignity of women and that it should be abolished wherever it continued to exist.

30. In its concluding observations adopted at its seventy-seventh session, in 2003, the Human Rights Committee expressed concern about the persistence of levirat and the prevalence of early marriage and female genital mutilation in Mali.[11] The Committee urged the State party to abolish levirat, apply appropriate penalties against those engaging in the practice and take appropriate measures to protect and support women, especially widows; raise the minimum legal age of marriage for girls; and prohibit and criminalize female genital mutilation, and strengthen its awareness-raising and education programmes in that regard. At its seventy-sixth session, in 2002, the Committee noted the continued practice of female genital mutilation in Egypt and recommended its eradication.[12] The Committee noted with concern that the Individuals and Family Code of Togo still contained provisions that discriminated against women and authorized polygamy, and that certain cultural practices, as well as women's unawareness of their rights, gave rise to many violations of women's rights in the country.[13] It recommended that the State party bring the aforementioned legislation into line with the Covenant, increase its efforts to educate girls and make the population more aware of women's rights.

31. In its concluding observations adopted at its seventy-fifth session, in 2002, the Committee expressed concern about the continued practice of female genital mutilation in Yemen, the persistence of polygamy and the practice of marriage of very young girls.[14] It urged the State party to abolish polygamy; eradicate female genital mutilation and ensure that proceedings were instituted against perpetrators; promote a human rights culture within society, along with greater awareness of women's rights, especially the right to physical integrity; and ensure protection of girls against very early marriage. At its seventy-fourth session, in 2002, the Committee noted with concern cases of female genital mutilation, "honour crimes" and early marriage involving girls and women of foreign extraction in Sweden.[15] It recommended that the State party continue its efforts to prevent and eradicate female genital mutilation and honour crimes; ensure that offenders were prosecuted, while promoting a human rights culture in the society at large, especially among the vulnerable sectors of immigrant communities; and take vigorous measures to provide better protection for minors in the matter of marriage.

32. In its concluding comments adopted at its twenty-eighth session in 2003, the Committee on the Elimination of Discrimination against Women expressed concern at the extent of female genital mutilation and forced marriages in Norway[16] and requested that the State party continue its efforts to eradicate those practices. The Committee expressed concern at the continued existence of polygamy, discriminatory family laws and traditional practices in the Congo.[17] It recommended that marriage laws relating to polygamy be brought into compliance with the State party's Constitution and the Convention and that measures be introduced without delay to eliminate negative customs and traditional practices. The Committee expressed concern about the persistence of female genital mutilation in Kenya,

despite its prohibition by the State party,[18] and recommended the development of a plan of action, including a public-awareness campaign, to eliminate the practice. It also encouraged the State party to create an enabling environment for effective law enforcement and to devise programmes for alternate sources of income for those who performed female genital mutilation. The Committee expressed concern about the significant number of cases of female genital mutilation among migrant women of African descent in Switzerland[19] and recommended that the State party take all appropriate measures, including legislation, to eradicate the practice.

33. In its concluding comments adopted at its exceptional session in 2002, the Committee expressed concern about the continued existence of female genital mutilation in Uganda,[20] and recommended that the State party enhance its efforts to address the practice in order to eradicate it. The Committee also expressed concern about the continued existence of customary laws and practices on, among others, widow inheritance, polygamy and forced marriage in Uganda, and urged the State party to prohibit such practices and to work with relevant ministries and non-governmental organizations to create an enabling environment for legal reform, effective law enforcement and legal literacy. The Committee expressed concern about the low minimum legal age of marriage for girls in its concluding comments on Guatemala, Hungary, Mexico and Peru.[21] It urged all relevant States parties to take measures to raise the legal age of marriage and requested the Governments of Guatemala, Hungary and Peru to develop awareness campaigns on the negative implications of early marriage on the health and education of girls. The Committee expressed concern about the high rate of early marriages and the lack of systematic data on female genital mutilation in Yemen[22] and called upon the State party to enhance its activities to eradicate female genital mutilation, especially through awareness-raising campaigns.

34. In its concluding comments adopted at its twenty-seventh session, in 2002, the Committee expressed concern about the low age of marriage in some communities in Suriname[23] and urged that the marriage law be reviewed in line with the Convention. The Committee expressed concern about the wide acceptance of polygamy in Zambia[24] and recommended that comprehensive and effective measures be taken, including training for judicial and law enforcement officials and public awareness-raising campaigns, in order to eliminate the practice. At its twenty-sixth session, in 2002, the Committee expressed concern that child marriages were sanctioned under several of the legal regimes regulating marriage in Trinidad and Tobago.[25] It urged the State party to ensure that all its minimum age of marriage laws and other programmes to prevent early marriage were in line with the Convention. The Committee expressed concern that, despite the efforts made, a comprehensive approach was not being taken towards the prevention and elimination of violence against women in Uruguay,[26] particularly in regard to, inter alia, crimes of honour. Among other measures, the Committee recommended that the State party continue the training and awareness-raising programmes for judicial personnel, law enforcement officials and members of the legal and health professions, as well as awareness-raising measures to ensure that society would not tolerate any form of violence against women. The Committee also expressed concern that the Civil Code still contained discriminatory provisions, including those with respect to early marriage, and urged the State party to actively promote the elimination of discriminatory legal provisions, particularly in the Civil Code in matters relating to the family, and to bring legislation into line with the Convention.

35. At its twenty-eighth to thirty-first sessions, in 2001, 2002 and 2003, the Committee on the Rights of the Child expressed concern about female genital mutilation in Burkina Faso, Cameroon, the Gambia, Guinea-Bissau, Kenya, Mauritania, Niger, Spain, the Sudan, Switzerland, and the United Kingdom of Great Britain and Northern Ireland,[27] and about early and/or forced marriages in Burkina Faso, Cameroon, the Gambia, Guinea-Bissau, Kenya, Malawi, Mozambique and Niger.[28] At those sessions, the Committee also addressed other harmful traditional practices including food taboos in Burkina Faso and Guinea-Bissau, forced-feeding in Mauritania and Niger and honour crimes in Lebanon.[29] Among its recommendations, the Committee urged States parties, including the Gambia, Guinea-Bissau, Kenya, Lebanon, Malawi, Mauritania and Niger, to take legislative and awareness-raising measures to combat and eradicate such practices, and it urged the Government of the United Kingdom to enforce, through educational and other measures, the prohibition of female genital mutilation. It urged the Government of Guinea-Bissau to combat practices involving the early marriage of girls, including through the involvement of community leaders and the use of education campaigns, and the Governments of Burkina Faso and Mauritania to enforce established minimum legal ages for marriage. It also recommended that the minimum legal age of marriage for girls be raised in Guinea-Bissau, Kenya, Mozambique and Niger.

36. In its concluding observations adopted at its twenty-eighth session, in 2002, the Committee on Economic, Social and Cultural Rights noted that the prevalence of certain traditions, customs and cultural practices in Benin led to substantial discrimination against women and girls and prevented them from fully exercising their rights under the Covenant.[30] It expressed concern about the inadequate action taken by the State party to combat the persistent practice of female genital mutilation and the lack of progress in countering practices, in particular polygamy and the early and forced marriage of girls. It recommended that the State party pass a law that would make female genital mutilation a punishable offence, establish mechanisms for the protection of women and establish programmes of education and financial support for practitioners of excision who ceased their activities. It also recommended that the State party ban customary practices that violated women's rights, take action to combat such practices and beliefs by all available means, including educational programmes involving traditional chiefs, and concentrate more on eradicating polygamy and forced marriages.

37. At its twenty-seventh session, in 2001, the Committee welcomed recent court decisions convicting perpetrators of female genital mutilation in France.[31] It expressed concern that the minimum age of marriage for girls in the Civil Code had not been changed to conform with that for boys in that country and recommended that the legal minimum age of marriage for girls be raised to 18 years. At its twenty-sixth session, in 2001, the Committee noted that the persistence of certain traditions, customs and cultural practices in Senegal and the Syrian Arab Republic continued to impede the full enjoyment by women and girls of their rights under the Covenant.[32] The Committee expressed concern that female genital mutilation was still practised with impunity by certain ethnic groups and in certain regions in Senegal, despite the existence of legislation banning the practice. It urged the State party to enact or enforce legislation prohibiting customary practices and to take measures to combat such practices by all means, including national education programmes.[33] The Committee expressed concern about persisting discrimination against women in Syrian society, which was particularly reflected in, inter alia, a low legal age of

marriage for girls and honour crimes.[14] It recommended that the State party take effective measures to incorporate a gender equality perspective in both legislation and governmental policies and administrative programmes, with a view to ensuring equality of men and women and addressing, among others, the problems of the low legal age of marriage for girls and honour crimes. Likewise at its twenty-sixth session, the Committee regretted the continuation of polygamy and the practices of dowry, deuki and prostitution among the Bedi caste in Nepal.[15] It urged the State party to enact or enforce legislation prohibiting customary practices and to take measures to combat such practices by all means, including national educational programmes.

38. In its concluding observations adopted at its sixty-second session, in 2003, the Committee on the Elimination of Racial Discrimination expressed concern about the persistence of female genital mutilation, the degrading treatment of widows and the trokosi system in Ghana.[16] It encouraged the State party to continue its efforts towards their elimination. At its sixty-first session, in 2002, the Committee invited Mali to provide fuller information in its next report on measures taken to eradicate the practice of female genital mutilation.[17]

E. Organizations of the United Nations system[18]

1. Regional commissions

39. Because of its close collaboration with the Inter-African Committee on Traditional Practices, the Economic Commission for Africa had requested that organization to provide information, for the present report, on harmful traditional practices. The Inter-African Committee had described various initiatives in several African countries focused on, for example, training and information campaigns, and alternative employment opportunities for ex-circumcisers. The Commission and the Committee organized a conference on female genital mutilation in 2003, which adopted a common agenda for action and declared 6 February the International Day of Zero Tolerance to Female Genital Mutilation.

40. The Economic and Social Commission for Western Asia recommended that the impact of traditional and customary practices on the status of women in some Arab countries in Western Asia and North Africa be addressed, for example by carrying out in-depth analysis on the nature and scope of the problem.

2. United Nations Development Programme

41. Several United Nations Development Programme (UNDP) country offices addressed harmful traditional practices in their programming. For example, the UNDP office in Egypt collaborated with the National Council for Childhood and Motherhood in leading a coalition of national and international organizations against female genital mutilation to eliminate the practice in 60 villages. The project was intended as a pilot for dissemination on a national scale (see paras. 5 and 8). The UNDP office in India continued to collaborate with non-governmental organizations on the issue of child marriages. The UNDP office in Nepal adopted a rights-based, holistic approach to eliminating harmful traditional practices with strategies that include policy advocacy and awareness raising. That office also reported that research was being conducted on traditional and customary practices and that an

action plan, based on the findings, was being developed to raise awareness and to campaign against such practices.

3. United Nations Development Fund for Women

42. In South Asia, the United Nations Development Fund for Women (UNIFEM) worked with partner organizations to support the passage of an amendment to the Country Code of Nepal, which would provide stringent punishment for child marriage and polygamy. In various regions of Africa, UNIFEM supported strategies to address the gender dimensions of HIV/AIDS, including the impact of practices, such as early marriage, wife inheritance and female genital cutting, which increase the vulnerability of women and girls to HIV infection.

4. United Nations Children's Fund

43. In 2002, the United Nations Children's Fund (UNICEF) created a new position within its child protection section to address harmful traditional practices; established an internal task force to define a programmatic approach to address harmful traditional practices and draft a corporate guidance document; and initiated the creation of a database on female genital mutilation that records its prevalence in 16 countries, and trends of its prevalence in four countries, over a decade. UNICEF also initiated the establishment of a United Nations inter-agency reference group on harmful traditional practices. The group has decided to revise the 1997 joint statement of UNICEF, the United Nations Population Fund and the World Health Organization on female genital mutilation, to extend participation in the statement to other agencies and to adopt the common goal of ending female genital mutilation by 2010.

44. In 2003, UNICEF began documenting results in the area of female genital mutilation in several countries, including Burkina Faso, Senegal and the Sudan, where it supported participatory community-based programmes. Among other measures, UNICEF supported initiatives of several non-governmental organizations to combat harmful traditional practices, such as the documentation of key results and effective approaches to combating female genital mutilation and the implementation of an education programme on female genital mutilation. In collaboration with the Ford Foundation, UNICEF is also organizing a meeting on female genital mutilation in Cairo to coordinate interventions and share information on funding issues.

5. Joint United Nations Programme on HIV/AIDS

45. The Joint United Nations Programme on HIV/AIDS (UNAIDS) suggested that many customary practices could be used as positive examples to reduce the vulnerability of girls and women to HIV infection, and indicated that those practices, such as betrothal rituals, which specified fidelity between partners and protection from violence within the household should be encouraged. It also considered that cultural practices could be adapted to retain their protective and celebratory significance, while discouraging their harmful aspects. UNAIDS emphasized that harmful customary practices had to be challenged and adapted appropriately at the community and national levels.

6. World Health Organization

46. In the context of the 1997 Regional Plan of Action to Accelerate the Elimination of Female Genital Mutilation in Africa, the World Health Organization (WHO) Regional Office for Africa provided support to States working to eliminate the practice. WHO training materials on integrating the prevention of female genital mutilation and management of its health complications into existing nursing and midwifery training curricula were launched in English in 2001 and would be disseminated in French in 2003. Since 2001, WHO had supported 10 African countries[10] in the establishment of a Multidisciplinary Collaborating Group on Female Genital Mutilation to assist in data collection, documentation and promotion of interventions for the elimination of female genital mutilation, including research, progress assessment and priority setting. Further, the WHO Regional Office for Africa had established a database on women's health with a special focus on female genital mutilation. The database, intended to maximize the collection and collation of data on the practice at the country level, would provide information for developing programmes and projects and on effective strategies for eliminating the practice at the country, regional and international levels.

47. The WHO Eastern Mediterranean Regional Office reported that female genital mutilation was still practised in some countries in the region, with variations in prevalence and degree of severity. The Office supported Member States working to eliminate the practice, particularly in the area of policy development, service protocols, information, education and communication materials and research.

IV. Conclusions and recommendations

48. **Initiatives at the national, regional and international levels, particularly measures undertaken within the societies affected by harmful traditional practices, reflected the increased recognition of the need for the prevention and elimination of harmful traditional practices at all levels. Consultative and participatory initiatives involving men and women in the societies concerned, including community and traditional leaders, as well as judicial, legal, health-care, educational and media personnel, have been effective tools in combating harmful traditional practices.**

49. **Member States, non-governmental organizations and United Nations entities should continue and strengthen concrete measures aimed at the elimination of harmful traditional practices. In particular, legislative measures, including the adoption and enforcement of laws prohibiting such practices, implemented along with awareness raising, education, and training initiatives, are needed to address and challenge the underlying attitudes perpetuating harmful traditional practices and to strengthen the status of women in society from the earliest age. Information and data collection on the trends and prevalence of harmful traditional practices in the societies concerned need to be undertaken and expanded. Progress assessment and impact-monitoring studies on the initiatives implemented against such practices also need to be conducted so that appropriate and effective strategies can be documented and shared, and lessons from such initiatives adapted and replicated in other relevant settings. Further, cooperation among non-governmental organizations, Member States and United Nations entities should be strengthened with assistance from donor Governments and international organizations.**

Notes

[1] The present report is the fourth submitted to the General Assembly on the issue of traditional or customary practices affecting the health of women and girls. For the three previous reports, see A/56/316, A/54/341 and A/53/354.

[2] Replies were received from Austria, Belarus, Colombia, Cyprus, Denmark, Egypt, El Salvador, Germany, Ghana, Italy, the Kyrgyz Republic, Lebanon, Malaysia, Mexico, Morocco, Myanmar, the Netherlands, New Zealand, Norway, Oman, Qatar, the Philippines, Portugal, San Marino, Saudi Arabia, Senegal, Spain, Thailand.

Replies to the Secretary-General's request for information on the implementation of General Assembly resolution 54/133 received from the Syrian Arab Republic and Yemen were not incorporated into report A/56/316 due to time constraints. Information from those replies has been included in the present report.

[3] Levirat is a practice whereby widows are inherited by their deceased husband's male relatives.

[4] Sororat is a practice whereby women marry the spouse of their deceased sisters.

[5] Three non-governmental organizations, the Center for Reproductive Rights, Equality Now, and the Inter-African Committee on Traditional Practices submitted information. Information reported by the Inter-African Committee on Traditional Practices is set out in section III.E below. Many non-governmental organizations have continued to address harmful traditional practices.

[6] See E/CN.4/2002/83.

[7] E/CN.4/2002/73/Add.2.

[8] The deuki system is one whereby girls are offered to deities by their families. Once offered, girls often engage in prostitution.

[9] The trokosi system is one whereby girls are offered to religious priests to atone for the sins of their male relatives. Such girls are often forced to work in slave-like conditions and are also often forced to perform sexual services.

[10] CCPR/C/21/Rev.1/Add.10, CCPR General Comments No. 28.

[11] CCPR/CO/77/MLI.

[12] CCPR/CO/76/EGY.

[13] CCPR/CO/76/TGO.

[14] CCPR/CO/75/YEM.

[15] CCPR/CO/74/SWE.

[16] CEDAW/C/2003/I/CRP.3/Add.2/Rev.1.

[17] CEDAW/C/2003/I/CRP.3/Add.7.

[18] CEDAW/C/2003/I/CRP.3/Rev.1.

[19] CEDAW/C/2003/I/CRP.3/Add.1/Rev.1.

[20] *Official Records of the General Assembly, Fifty-seventh Session, Supplement No. 38* (A/57/38), part three, paras. 113-162.

[21] Ibid., paras. 163-208, 301-338, 410-453 and 454-502.

[22] Ibid., paras. 370-409.

[23] *Official Records of the General Assembly, Fifty-seventh Session, Supplement No. 38* (A/57/38), part two, paras. 22-72.

[24] Ibid., paras. 211-261.

[25] *Official Records of the General Assembly, Fifty-seventh Session, Supplement No. 38* (A/57/38), part one, paras. 119-166.

[26] Ibid., paras. 167-214.

[27] CRC/C/15/Add.193, CRC/C/15/Add.164, CRC/C/15/Add.165, CRC/C/15/Add.177, CRC/C/15/Add.160, CRC/C/15/Add.159, CRC/C/15/Add.179, CRC/C/15/Add.185, CRC/C/15/Add.190, CRC/C/15/Add.182 and CRC/C/15/Add.188.

[28] CRC/C/15/Add.193, CRC/C/15/Add.164, CRC/C/15/Add.165, CRC/C/15/Add.177, CRC/C/15/Add.160, CRC/C/15/Add.174, CRC/C/15/Add.172 and CRC/C/15/Add.179.

[29] CRC/C/15/Add.169.

[30] E/C.12/1/Add.78.

[31] E/C.12/1/Add.72.

[32] E/C.12/1/Add.62, E/C.12/1/Add.63.

[33] E/C.12/1/Add.62.

[34] E/C.12/1/Add.63.

[35] E/C.12/1/Add.66.

[36] CERD/C/62/CO/4.

[37] *Official Records of the General Assembly, Fifty-seventh Session, Supplement No. 18* (A/57/18) paras. 391-411.

[38] Replies were received from the Economic Commission for Africa, the Economic Commission for Latin America and the Caribbean, the Economic and Social Commission for Western Asia, the United Nations Office on Drugs and Crime, the United Nations Development Programme, the United Nations Development Fund for Women, the United Nations Children's Fund, the Office of the United Nations High Commissioner for Human Rights, the Joint United Nations Programme on HIV/AIDS and the World Health Organization.

[39] The ten countries are Burkina Faso, Cameroon, Chad, the Democratic Republic of the Congo, Ghana, Kenya, Mali, Niger, Nigeria and the United Republic of Tanzania.